FACD - Facility Detail

This screen is used to display, modify or add information about a specific facility operated by a provider.

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CAFSFACD
                               FACILITY DETAIL
                                                           07/08/2016
                                                                         15:51
USER ID : C81285
                  MODIFY
PROV NO : 0001057
                  001
                             PROV NAME: JESTER FOSTER HOME
CCUBS PROV NO:
FACILITY NAME
              : JESTER FOSTER HOME
    ABRV NAME
              : JESTERFH
                                                           CPIS PROVIDER: N
                                                           CPIS NOTIFY : N
WARRANT NAME
CONTACT ID/NAME
                   : 00001161 JESTER, JENNIFER
DIRECTOR ID/NAME
                  : 00001162 JESTER, JOHN
MEDICAID NUMBER
                                         ASSIGNED WORKER INFORMATION
                  : 025
PROVIDER COUNTY
                                         WORKER ID: C74145FS RGN: 6 CNTY: 015
  LOCKED/UNLOCKED : U
                                              NAME: SMITHERS, SUSAN
TERMINATION DATE
                                          PHONE NO: 406
REASON:
                                            SCNDRY:
CPIS EMAIL:
             -----NATIVE AMERICAN FOSTER FAMILY INFORMATION------
FOSTER MOTHER/ID: 00001161 JESTER, JENNIFER
                                       MEMBERSHIP STS: SI SELF IDENTIFIED
AFFILIATION: CR CROW
FOSTER FATHER/ID:
AFFILIATION:
                                       MEMBERSHIP STS:
                                                                    PATH:
```

Field Descriptions (F12) indicates code lookup is available.

*NOTE: CPIS stands for the CAPS Provider Inquiry Submission system and is an online invoice/payment system for providers and Central Office staff. If a provider wishes to utilize CPIS for invoices and payments, contact Central Office for additional information.

PROV NO (F12)

If a provider was selected on the PROL (Provider List) screen with inquire or modify, or if FACD was accessed by adding a new provider on the PROE (Provider Entry) screen, this field will display the provider number of that provider. You can also manually enter the provider number in this field.

PROV NAME

This field will display the name of the provider whose provider number is entered in the PROV NO field. *Provider names can be changed on the PAKD (Provider/Facility AKA Detail) screen.*

CCUBS PROV NO

This field will display the CCUBS provider number for the provider, if they are a "known to CCUBS" provider.

FACILITY NAME

This field will display the name of the facility whose provider number is entered in the PROV NO field. Facility names can be changed on the PAKD (Provider/Facility AKA Detail) screen.

ABRV NAME

This field will display the abbreviated name of the provider whose provider number is entered in the PROV NO field. *Abbreviated names can be changed on the PAKD (Provider/Facility AKA Detail) screen.*

WARRANT NAME

This field will display the warrant name of the provider whose provider number is entered in the PROV NO field. Warrant names cannot be entered on FACD. They can be entered and/or changed on the PAKD (Provider/Facility AKA Detail) screen.

CONTACT ID/NAME (F12)

Enter the CAPS ID of the identified contact for the facility. Contact ID is optional.

DIRECTOR ID/NAME (F12)

Enter the CAPS ID of the identified director for the facility. *Director ID is required*.

MEDICAID NUMBER

Enter the Medicaid number assigned to the facility, if applicable.

PROVIDER COUNTY (F12)

Enter the county where the facility is physically located.

LOCKED/UNLOCKED

Enter "L" if the facility is a locked facility (detention center, jail) or "U" if the facility is an unlocked facility (foster home, adoptive home).

TERMINATION DATE

This field will display the date the facility was terminated, if there is a termination reason code in the REASON field.

REASON (F12)

Enter the reason why the facility is being terminated. You cannot terminate a facility if they have clients with an open placement or clients with open services or if they have licenses that have not been terminated.

CPIS EMAIL

If the CPIS NOTIFY field displays "Y" (yes), this field will display the email address that any CPIS notifications will be sent.

CPIS PROVIDER (F12)

This field will display "I" if the provider receives payment information <u>and</u> invoices online through the CPIS system, "P" if the provider only receives payment information through the CPIS system or "N" if the provider is not currently utilizing the CPIS system.

CPIS NOTIFY

This field will display "Y" (yes) if the provider has chosen to receive email notifications regarding pending CPIS invoices or "N" (no) if the provider has chosen to <u>not</u> receive email notifications regarding pending CPIS invoices.

<u>ASSIGNED WORKER INFORMATION</u> – if the facility is terminated, this header will display LAST ASSIGNED WORKER.

WORKER ID

This field will display the C number of the current assigned worker for the facility.

RGN (F12)

This field will display the region where the current assigned worker is located.

CNTY (F12)

This field will display the primary county where the current assigned worker is located.

NAME

This field will display the name of the current assigned worker.

PHONE NO

This field will display the phone number for the current assigned worker.

SCNDRY

This field will display the C number and the primary county for up to two (2) shared workers for the facility. The facility can have more than two shared workers, but only two will display.

<u>NATIVE AMERICAN FOSTER FAMILY INFORMATION</u> – this information should be entered for any foster families (this includes foster, kinship, adoption, guardianship) who have Native American background.

FOSTER MOTHER/ID (F12)

Enter the CAPS ID of the foster mother. This field will also display the name of the person whose CAPS ID is entered.

AFFILIATION (F12)

Enter the tribal code for the tribe the foster mother is affiliated with. You can enter up to two codes.

MEMBERSHIP STATUS (F12)

Enter the current verification status for the foster mother's tribal affiliation(s).

FOSTER FATHER/ID (F12)

Enter the CAPS ID of the foster father. This field will also display the name of the person whose CAPS ID is entered.

AFFILIATION (F12)

Enter the tribal code for the tribe the foster father is affiliated with. You can enter up to two codes.

MEMBERSHIP STATUS (F12)

Enter the current verification status for the foster father's tribal affiliation(s).

Additional Information

To reopen a terminated facility, you must first reopen the "000" facility on the PROD (Provider Detail) screen by pressing SHIFT + F1 and then SHIFT + F4 to confirm. Then, on FACD for the appropriate facility (001, 002, etc), press SHIFT + F1, press ENTER and then SHIFT + F4 to confirm.